

Name in Full

Certificate of Death

Fanny Anderson

Town

County

Died at

Cumberland

Allerany

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 Apr. 20<sup>th</sup>

Age

0 5-0

Cumberd

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Miss Anderson

Mary Taylor

Cause of

Primary

Cold on chest

How long sick

1 day

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

151

Mrs Taylor

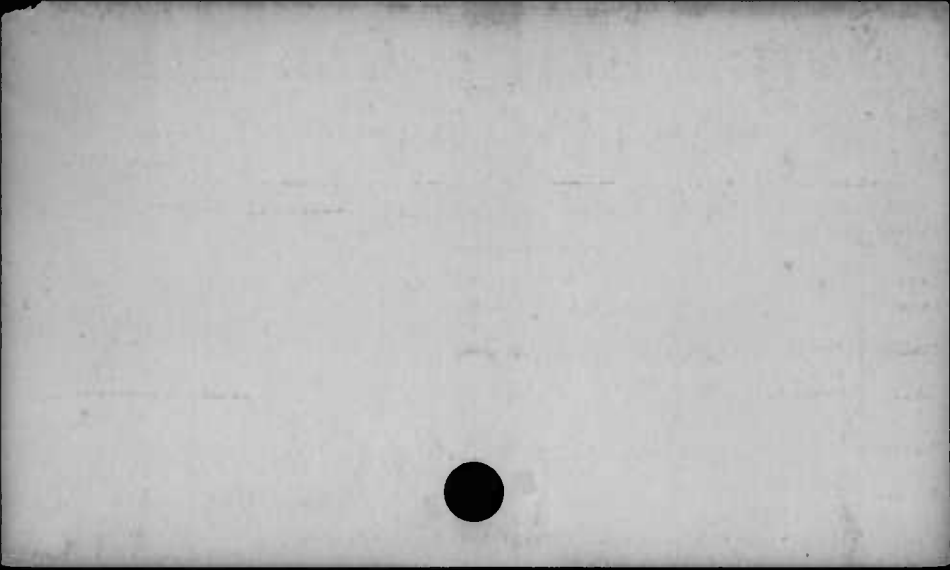
Address

Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Und

LIBRARY BUREAU, 7901



Name in Full

Certificate of Death

Cardline Bees

Town

County

MARYLAND

Died at

Cumtverland Alleghana.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

4

18

Age

74

-

-

German

Wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

no 2

Husband

of

Wife

Henry Bees

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Phtisis 2

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

G. L. Carder

Address

Cumtverland

Mary Lane

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Thomas Bell

Town

County

MARYLAND

Died at Lonaconing Allegany co

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 April 3 Age 61 9 19 Nova Scotia Miner

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

9

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

6 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs ~~W. G. Bloss~~ Bloss

Town

County

Died at

North Branch

Allegheny

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1922	April	23				Md.	Home keeper
<del>Male</del>	White	Married	<del>Widow</del>	<del>Divorced</del>			
Female	Colored	Single	Widower		Number of children living		

~~Husband~~

of

Wm G. Bloss

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Confinement

Death

Immediate

Peritonitis

How long sick

10 days

Accident, Suicide, Homicide

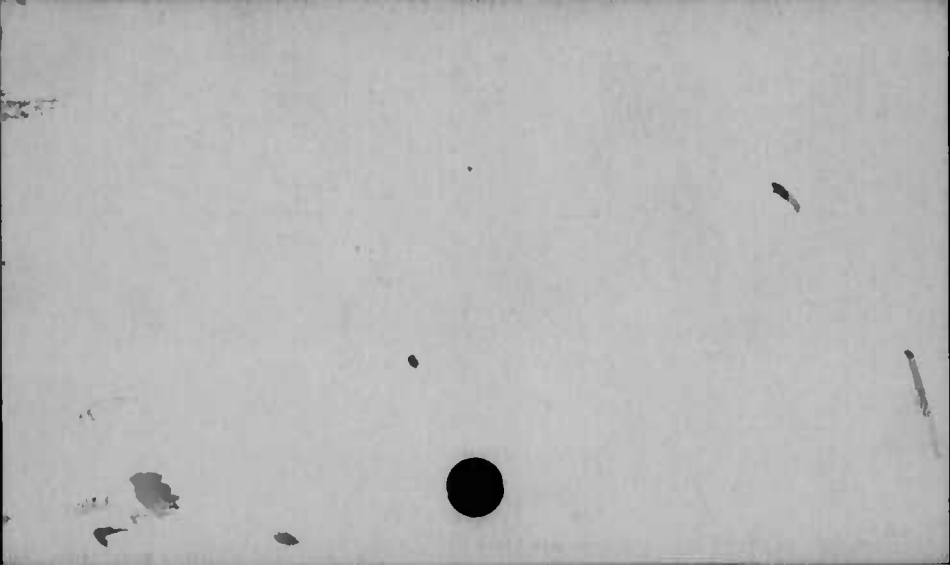
Reported by

A. L. Hodgson

Address

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Fannie Brachen

Town

County

Died at

Barton

Allegheny

MARYLAND

Data 19

12

Month

Day

Y.

M.

D.

Native of

Occupation

Apr 18

Age

87

Ireland

H.W.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

none

Husband

of

Wife

Martin Brachen

Father's

Name

Owen Kelly

Mother's

Maiden Name

Fannie Boyd

Cause of

Primary

Old age

How long sick

two weeks

Death

Immediate

Heart failure

54

~~Accident~~ Suicide Homicide

Reported by

J. Brachen

Address

Barton

Md

Must be signed by physician, if any in attendance, otherwise by coronar, undertaker or minister.



Name In Full

Certificate of Death

William Bolt

Died at <sup>Town</sup> Hoffmann Mines <sup>County</sup> Allegheny MARYLAND

Date 1902 4 20 Age 65. Y. H. M. D. 2 Native of Nova Scotia Occupation Mines

Male White Married Widow Divorced

Female Colored Single Widower Number of children living one

Husband of William Bolt

Wife of William Bolt

Father's Name William Bolt Mother's Name

Cause of Primary Cardiac Dropsey How long sick 1 yr 6 months

Death Immediate Asphyxia Accident, Suicide, Homicide

Reported by Mr W. S. Howard

Address 2400 Summit Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

from Rosecliff to Callala's

Chapel & Callala's

Meeting -

G. V. M.

Information contained in this certificate received from

Name In Full

Certificate of Death

Van. Brother Sraphin Braentigan

Town

County

Died at Cumberland Md allegany

MARYLAND

Date 1962 4 - 14 Age 36

Month Day Y. M. D.

Native of Pa. Occupation Brother

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Joe. Braentigan Mother's Maiden Name Mrs Linnie Braentigan

Cause of Death { Primary Tuberculosis Pulmonary

Immediate Exhaustion

How long sick 2 1/2 yrs

Accident, Suicide, Homicide

Reported by J. N. Forkstman

Address Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



A. L. Baidwell

Town

County

Died at Allegany County

MARYLAND

Date 1909 April 8 Y. M. D. Native of Occupation  
 Male White Married Widower ~~Married~~ Bridge Builder  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Death { Primary Immediate

Accidental

166

How long sick

Accident, Suicide, Homicide

Reported by

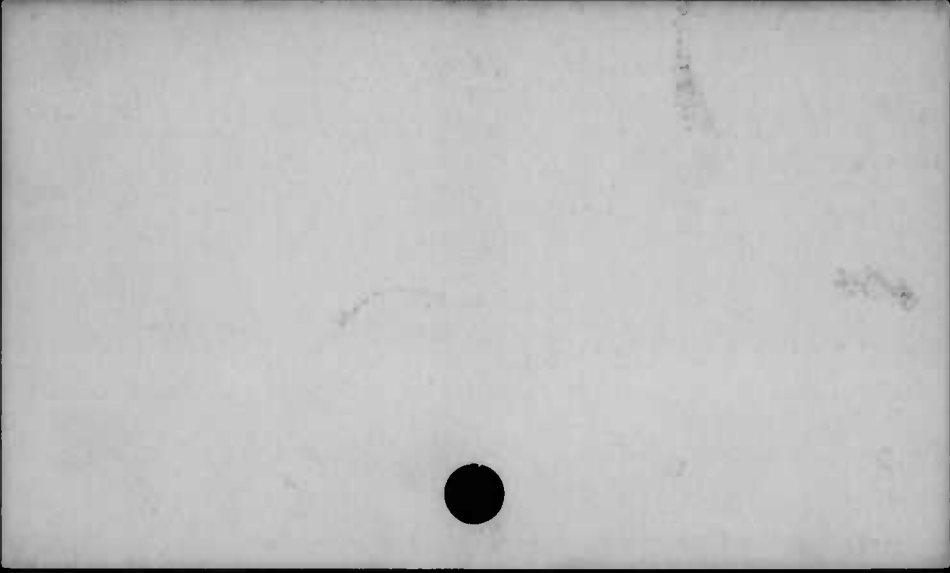
M. Martin Acting Coroner

Address

Cumberland

Maryland M a

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





*Anthony Bruno*

Town

County

Died at

*Cumberland*

*Alligany*

MARYLAND

Date 190 *April* *10* Month Day Age *25* Y. M. D. Native of *Italy* Occupation *Laborer*

Male *White* Married *Widow* Divorced *Female* *Colored* *Single* Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Death { Primary *Pneumonia* Immediate *Heart Failure* How long sick *2 days* Accident, ~~Suicide~~, ~~Homicide~~

Reported by

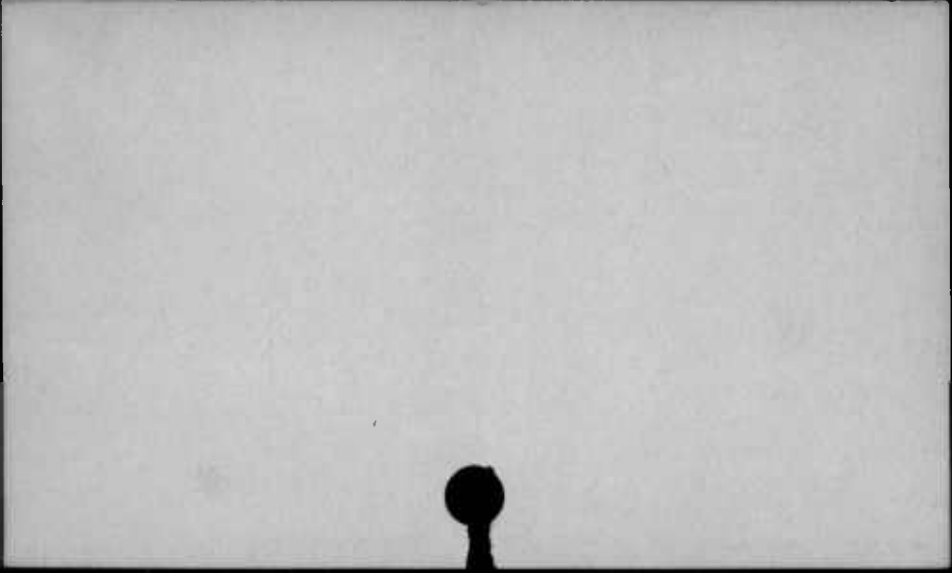
*B. C. Miller M.D.*

Address

*Cumberland*

*M.D.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Bessie M. Currell

Town

County

Died at

Cumberland

Allegany

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4

24

Age

2

-

39

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Jas. Currell

Mother's

Name

Saddie Currell

Cause of

Primary

Pneumonia

93

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J. H. Tompkins

Address

63 N. M. &amp; Marie

Ch

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Margarite Rhinnuma Caton

Town

County

Died at Cumberland Allegany

MARYLAND

Date 1902	Month	Day	Y.	M.	D.	Native of	Occupation
	April	4	49	6		W. Va.	Housekeeper
Male		White		Married		Widow	
Female		Colored		Single		Widower	
						Number of children living	
						None	

Husband of  
 Wife of  
 Father's Name  
 Mother's Name

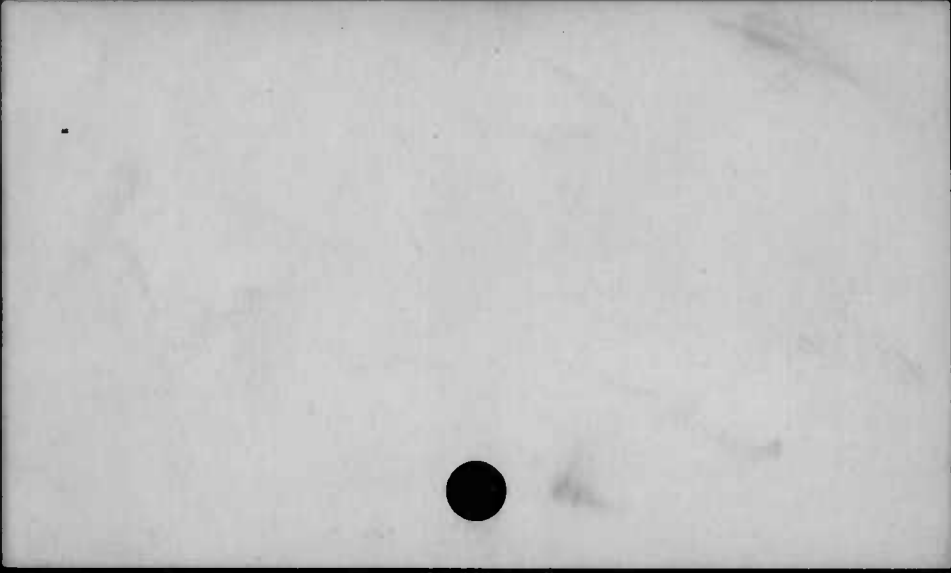
Yimothy Caton  
 Arthur Allen  
 Maiden Name Gouldie Hanna

Cause of Death	Primary	Immediate	How long sick	Accident, Suicide, Homicide
	Apoplexy	Cerebra	18 months since first stroke, 36 hours the last attack	

Reported by Adell Hodgson

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Frank Lewis Cooper

Town

County

Died at

Barton

Allegheny

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr

10

Age

36

22

Pa

Miner

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 6

Husband

of

Mary K. Broadwater

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Crushed by a fall

How long sick

L

Death

Immediate

of coal

166

Accident, Suicide, Homicide

Reported by

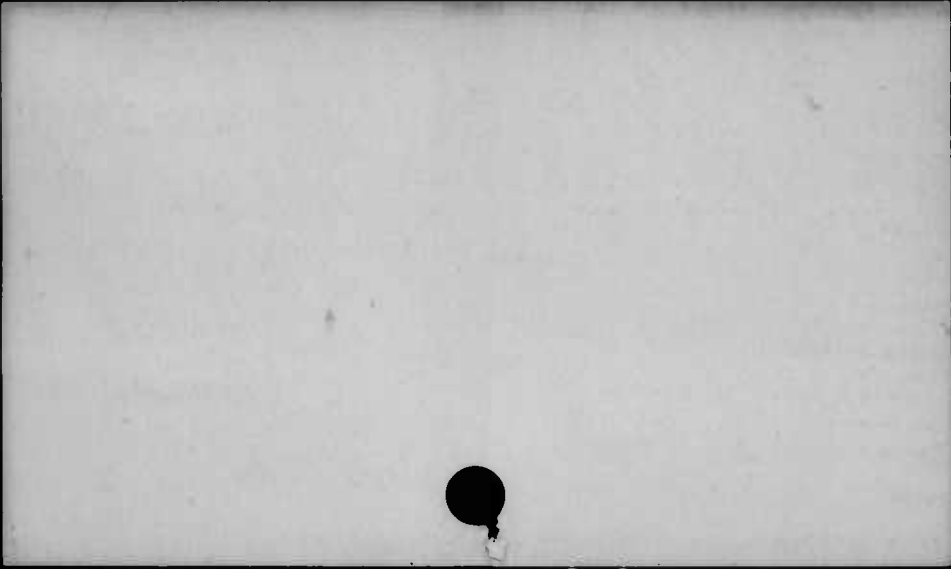
J. Boucher

Address

Barton

Mud

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Paul Davis

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr 1-

Age

3

-

-

Cummins

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Nephritis

How long sick

2 weeks

Death

Immediate

Oedema of lungs

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by

M. M. Mitty

Address

Cummins

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at Farrell Belknap MARYLAND  
 Town County  
 Date 1902 Apr 9 Month Day Y. M. D.  
 Age        Native of        Occupation         
 Male        White        Married        Widowed         
Female        Colored        Single        Widower        Number of children living       

Husband  
of  
Wife

Father's Name John Matthews Farrell Mother's Name Susan Eliza Schaffer  
 Maiden Name       

Cause of Death { Primary Face of Mother How long sick         
 { Immediate Ditto Accident,                     

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Helen Marie Greenhorn

Town

County

Died at

MARYLAND

Died at Barton Town Allegany County  
 Date 1902 Apr Month 19 Day Y. M. D. 10 Native of L Occupation L  
Mar White Marr Widow Divorced  
Female Colored Single Widower Number of children living L

~~Husband~~  
 of  
~~Wife~~

Father's Name Wm Greenhorn

Mother's Name Hannie Dawson

Cause of Primary Premature birth 7<sup>th</sup> m

How long sick

Death Immediate L

Accident, Suicide, Homicide

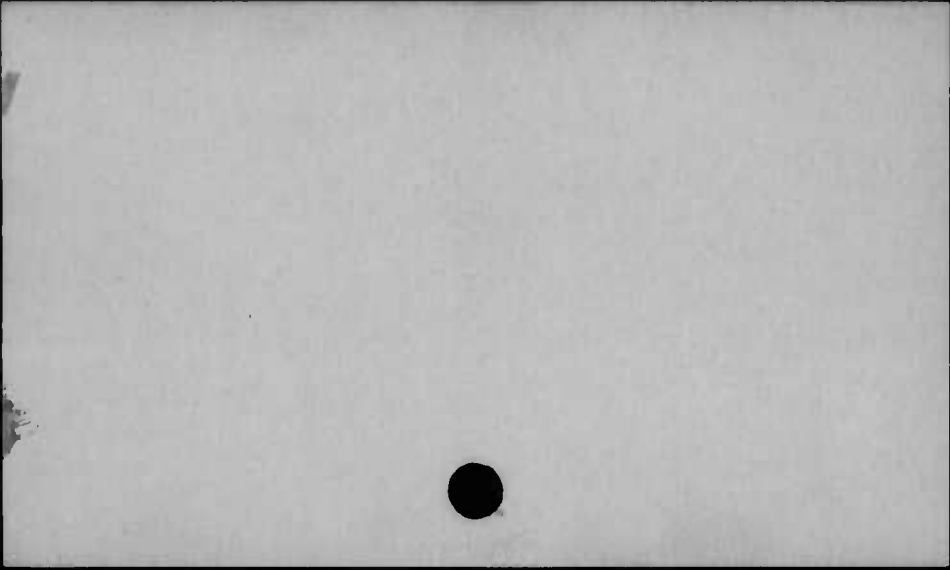
Reported by A. Brucher

Address Barton

151

m d

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Greenhorn  
 Town Barton County Allegheny MARYLAND  
 Died at  
 Date 1902 April 2 Month 2 Day 2 Y. 56 M. 56 D. 56  
 Native of Scotland Occupation miner  
 Male White Married Widow Divorced  
Female Colored Single Widower Number of children living 11

Husband of Martha Ellen Miller  
 Wife  
 Father's Name Thorn Greenhorn Mother's Maiden Name Maggie  
 Cause of Death { Primary Ran over by train How long sick 166  
 Immediate 166 Accident, Suicide, Homicide

Reported by John F. Dawson Undertaker  
 Address Barton Ind.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.





*Helen Marie Hager*  
 Town County

Died at *Crumland* *Allegheny* MARYLAND

Month Day Y. M. D. Native of Occupation

Date 19 *02* *April* *7* Age *- 4 - 9*

~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of \_\_\_\_\_  
 Wife

Father's Name *Alfred Hager* Mother's Maiden Name *Molly Hoyle*

Cause of Primary *Convulsions* How long sick *—*

Death Immediate *"Dead when I got there."* ~~Accident, Suicide, Homicide~~

Reported by *H.B. Miller.*

Address *71*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Henckler

Town

Walnut St

County

Died at

Cumberland Md

Allegany

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4 - 2

Age

73

Germany

Laborer

Male

White

Married

Widow

~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Apoplexy

How long sick

15 minutes

~~Accident, Suicide, Homicide~~

Reported by

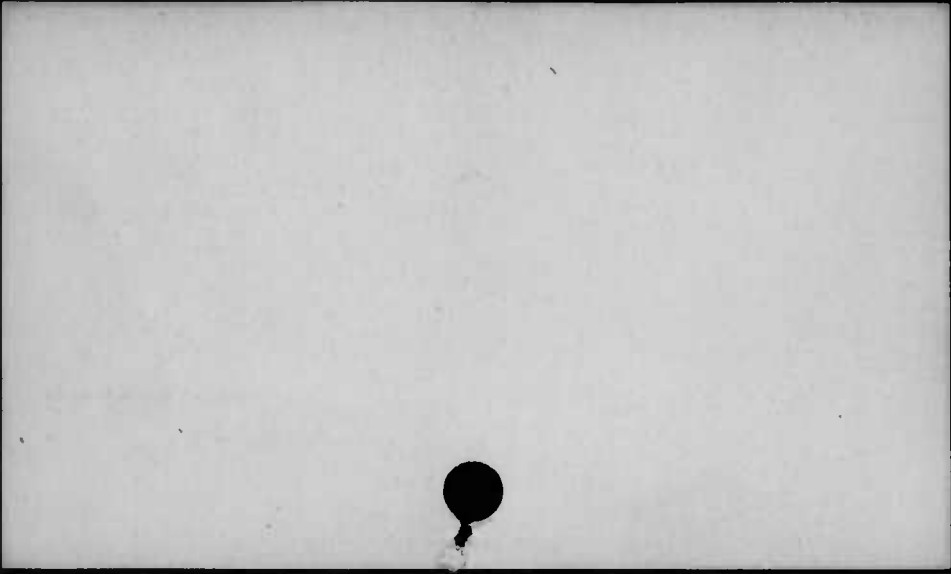
J. N. Fochsman

Address

Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

*Aaron Hill*

Died at *Cumberland* Town *Alleghany* County *MARYLAND*

Date 19 *02* Month *4* Day *15* Age *68* Y. M. D. Native of *Ireland* Occupation *Laborer*  
Male White Married ~~Widow~~ Divorced *no*  
~~Female~~ Colored ~~Single~~ Widower Number of children living *—*

Husband of *—*  
Wife *—*

Father's Name *—* Mother's Name *—*  
Maiden Name *—*

Cause of Death { Primary *Phthisis* Immediate *Exhaustion* } How long sick *27*  
*Accident, Suicide, Homicide*

Reported by *G. L. Barber*

Address *Cumberland: — Mary Lane*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name *Mary Jane Hunter*  
 Town *near Cumberland* County *Allegheny* MARYLAND  
 Died at *Cumberland*  
 Date 19 *02* Month *April* Day *6* Y. *—* M. *—* D. *4* Native of *Ind* Occupation *—*  
 Male *—* White *—* Married *—* Widow *—* Divorced *—*  
 Female *—* Colored *—* Single *—* Widower *—* Number of children living *—*

Husband of

Wife

Father's Name *Liri Hunter (Deceased)* Mother's Maiden Name *Jimmie Robbette*

Cause of Death { Primary *Secondary Syphilis* How long sick *4 da*  
 Immediate *Exhaustion* Accident, Suicide, Homicide *—*

Reported by

Address

Reported by *B. L. Broadrup*  
 Address *160 Va an City*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Patrick Hogan

Town

County

MARYLAND

Died at

Donacoming

Allegheny

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Apr.

9

Age

-

3

18

W

2

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of \_\_\_\_\_

Wife

Father's

Name

James Hogan

Mother's

Maiden Name

Elizabeth Gallagher

Cause of

Primary

20

How long sick

2 days.

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

M. Gibson Porter

Address

Donacoming Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Not Named Illigindale*

Died at *Cumberland* Town *Allegheny* County *MARYLAND*

Date 19 *2* Month *4* Day *27* Age *1* Y. M. D. Native of *Cumbe* Occupation *none*

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of \_\_\_\_\_  
 Wife

Father's Name \_\_\_\_\_ Mother's Maiden Name *Lillian Hughes*

Cause of Death { Primery *Still born* How long sick \_\_\_\_\_  
 { Immediate *Still* ~~Accident, Suicide, Homicide~~

Reported by

Address

*J. M. Spear*  
*Cumbe's, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Frederic Lee Knox

Town Cumberland County

Died at Cumberland MARYLAND

Date 1902 April 29 Y. 7 M. 15 D. Native of Ohio Occupation \_\_\_\_\_

Male White Married Widow Divorced  
Female Colored Single Widower Number of children living \_\_\_\_\_

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name Calvin M. Knox Mother's Maiden Name Annie E. Kidwell

Cause of Death { Primary Tuberculosis How long sick 2 mo  
 Immediate Exhaustion and meningitis Accident, Suicide, Homicide \_\_\_\_\_

Reported by W. L. Broadus M.D.

Address 100 Vaan City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Infant of Samil Lewis

Town

County

Died at

Gilmore

Allegany

MARYLAND

Date 1902

Month

Day

4 18

Age

Y.

M.

D.

- - 1

Native of

Ind

Occupation

-

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of  
Wife

Father's

Name

Samil Lewis

Mother's

Maiden Name

Kate McLaughlin

Cause of

Primary

How long sick

Death

Immediate

Still Born

D

~~Accident, Suicide, Homicide~~

Reported by

C. Brotman

Address

Lancaster, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70608





Catharine Luck

Town

County

Died at

Cumbland

Accompany

MARYLAND

Date 19

02

Month

Day

April 10

Age

Y.

M.

D.

60 — —

Native of

Germany

Occupation

Wife —

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Lawrence Luck

Wife

Father's

Name

Mother's

Maiden Name

19

Cause of

Primary

Valvular Heart Disease

How long sick

one year

Death

Immediate

dropsy

Accident, Suicide, Homicide

Reported by

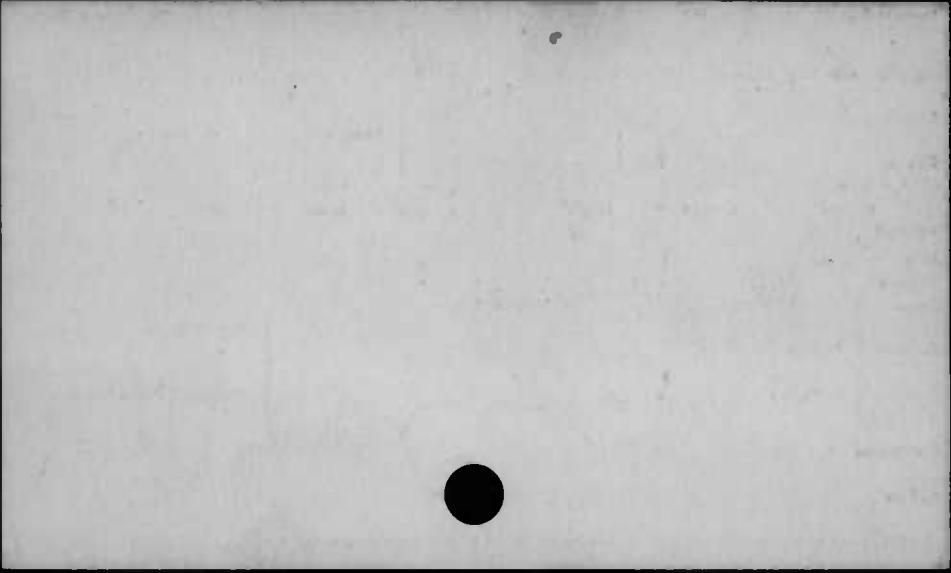
J. J. J. J. J.

Address

Cumbland

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Harriet Elizabeth M. Cullough

Wilmington

Died at Cumberland

County

Allegheny

MARYLAND

Date 1912

Month

Day

Y.

M.

Native of

Occupation

June 10

Age

48 9

Penna

Wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

None

Name of

Wife

Father's

Name

Thos M. Cullough

Mother's

Name

Paul Duple

Elizabeth Smith

Cause of

Primary

Abscess of brain

How long sick

8 weeks

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

Address

J. Duple M.D.

Cumberland Md

74

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Died at

*Agnes M<sup>e</sup> Gill*  
 Town *Pekin* County *Allegheny* MARYLAND

Date 19

*02 April 25* Age *55-9-29* Native of *So. Maryland* Occupation *Housewife*  
~~Male~~ White Married ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living *none*

Wife of *John M<sup>e</sup> Gill*  
 Father's Name *David Clayton* Mother's Maiden Name *Lane Caldwell*

Cause of

Primary

*Cancer of Stomach* How long sick *4 months*

Death

Immediate

*Exhaustion* 40 Accident, Suicide, Homicide

Reported by

*James C. Bullock M.D.*

Address

*Lonacoring Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town  
Midland

County

Allan

MARYLAND

Date 1902

Month

Day

4-15

Age

Y.

M.

D.

-- 1

Native of

Ira

Occupation

-

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

James P. McQuire

Mother's

Maiden Name

Maggie Malloy

Cause of

Primary

How long sick

Death

Immediate

Still Born

D.

~~Accident, Suicide, Homicide~~

Reported by

C. Brotemarkle

Address

Lawrence, Mo.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70806





Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Number of children living

~~Female~~~~Colored~~~~Single~~~~Widower~~

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by undertaker or minister.

LIBRARY BUREAU, 70803



Name In Full

Certificate of Death

Wm. Morehead.

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1912

Apr. 18

Age

69

Pa

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

5

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Diabetes

50

How long sick

1 year

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

W. W. Wiley

Address

Cumberland

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU 70808



Annies Neff

Town

County

Died at

Cumberland

alligany

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

of 14

Age 45

Md

Wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

Wife

Thas Neff.

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Tuberculosis

Death

Immediate

Exhaustion

How long sick

2 weeks

~~Accident, Suicide, Homicide~~

Reported by

Thas. N. Neff, son

Address

Cumberland, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Park

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1902 April 3<sup>rd</sup>

Age 13

Native of

md Libster

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's  
Name

Geo Park

Mother's

Maiden Name

Cause of

Primary

Typhoid Fever

How long sick

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

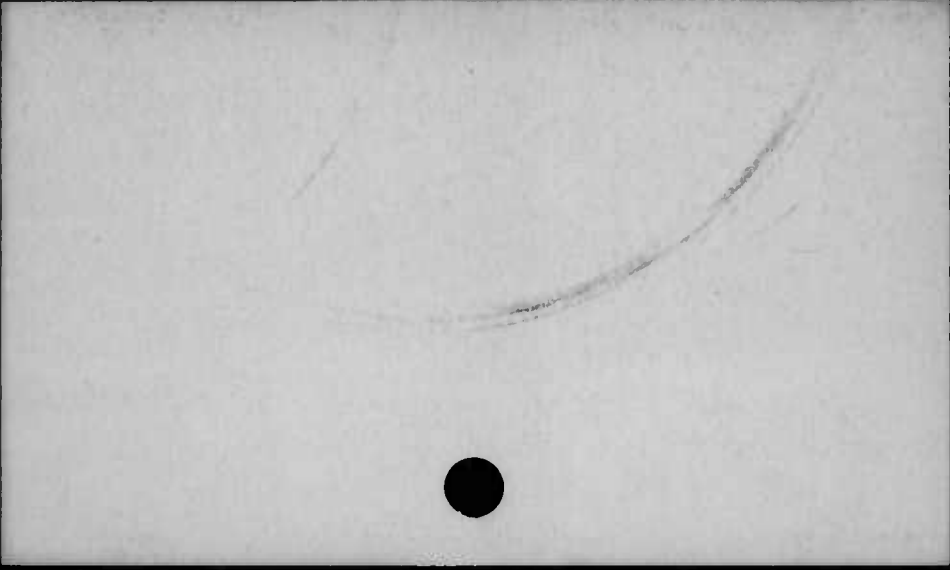
T.B. McW melf. M.W.

Address

Cumberland

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

4

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pneumonia

How long sick

2 mo

Death

Immediate

Exhaustion

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

N. F. Teague

Address

Cumbd, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

*Horace Resley*  
Town County

Died at *Cumberland* *Alleghany* MARYLAND

Date 1902	Month 4	Day 13	Age 87	Y. M. D. 1 17	Native of Md	Occupation Clerk
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living 2		

Husband of  
Wife

Father's Name  
Mother's Maiden Name *165*

Cause of Death	Primary	<i>Dislocation of shoulder</i>	How long sick
	Immediate	<i>Exhaustion</i>	Accident, Suicide, Homicide

Reported by *L. Ward*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Andrew M Rice

Town

County

Died at Cumberbund Allegany

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 April 30

Age 49

me

woodturner

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 6

Husband of

Margaret Rice

Father's Name

Mother's

Name Solomon Rice Maiden Name

Cause of Primary Lethis Pneumonia

How long sick

about one year

Death Immediate Exhaustion

Accident, Suicide, Homicide

Reported by J. M. Wierman

Address Cumberbund me

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

28

Name in Full

Certificate of Death

Name in Full *John M. Siler*  
 Died at *Cumberland* Town *Allegany* County *MARYLAND*

Date 19*12* Month *April* Day *25* Y. *5* M. *8* D. Native of *Ala* Occupation *Lumber getter*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☒ Widower ☐ Number of children living

Husband of *—*  
 Wife *166*  
 Father's Name *Don't Know* Mother's Maiden Name *Don't Know*

Cause of Death { Primary *Blow on head* How long sick *2 weeks*  
 Immediate *Softening of brain by injury* ~~Accident, Suicide, Homicide~~

Reported by *Arthur H. Hawkins*

Address *Cumberland Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





*Infant of Geo Brunner Twins*  
 Town County

Died at *Cumtland* *Allegany* MARYLAND

Date 1902 *April 26<sup>th</sup>* Y. M. D. *1* Native of *Ind.* Occupation  
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~  
 Female ~~Colored~~ *Single* ~~Widower~~ Number of children living

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name *Geo Brunner* Mother's Maiden Name

Cause of Death { Primary *Pneumonia* *tooth* How long sick \_\_\_\_\_  
 { Immediate \_\_\_\_\_ ~~Accident, Suicide, Homicide~~

Reported by *S. H. Wails* 151

Address \_\_\_\_\_

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Infant of Geo. Brunner

Trin

Town

County

Died at

Crown Point

Allegany

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

April 26<sup>th</sup>

Age

—

—

—

Ma

—

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Geo Brunner

Mother's

Maiden Name

151

Cause of

Primary

Premature birth

How long sick

—

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

S. H. Wailes

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Name In Full *Amanda Thomas*  
 Died at *Frothing* *Allegheny* *MARYLAND*  
 Date 19 *02* *4* *15* - *84* *Widow* *White* *Single* *Married* *Widow* *Divorced* *Widow*  
 Occupation *Servant*  
 Number of children living *None*  
 Husband of *Solomon Thomas (deceased)*  
 Wife of *Solomon Thomas (deceased)*  
 Father's Name *Solomon Thomas (deceased)*  
 Mother's Name *Solomon Thomas (deceased)*  
 Maiden Name *Solomon Thomas (deceased)*  
 Causa of Death { Primary *Senile debility* Immediate *Subacute Bronchitis & Cardiac Weakness*  
 How long sick *34*  
 Accident, Suicide, Homicide  
 Reported by *C. C. Coker*  
 Address *Frothing*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Unnamed Infant

Town

County

Died at

Amberlane

Allegheny

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr 13

Age

— 1 —

Crimb

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Lach. Williams

Died at

Town

County

Aumbach

Allegheny

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

4

7

Age

40

U.S.

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Small-pox

How long sick

10 days

Death

Immediate

Cema

~~Accident, Suicide, Homicide~~

Reported by

Address

J.M. Spear,  
Aumbach, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

